CAMPA LOCAL CO	IGN FINANCE REPO	ORT	
Is This Report an Amendment: Yes	X No		A STATE OF THE STA
Instructions for completing schedules are on the			
COMMITTEE IDENTIFICATION			V Anticipate and Will Michael and and
Street Address Street Address Street Address	te	AU	
City, State and Zip Code			FICE USE ONLY
Milwaukee W1 5321		E. Car V A	ment Accountability Board
Please check if address is different than previously reported	, and complete the Campaign	Registration Statement in t	he back of this form. 🔲
NAME OF REPORT		01	04984
January Continuing Pre-Primary 20	12 Spring	ll Special	
July Continuing Pre-Election	Spring Fa	II Special	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND	Column A	Calaman	
DISBURSEMENTS	This Period	Column B Calendar	
1. RECEIPTS		Year-To-Date	
1A. Contributions (Including Loans) from Individuals	\$ 2450.00	\$ 6801.00	
IB. Contributions from Committees (Transfers-In)	\$ 0	\$ 600.00	
1C. Other Income and Commercial Loans	\$ 0	\$ -0	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$2450.00	\$ 6801.00	
2. DISBURSEMENTS		<u> </u>	
2A. Gross Expenditures	\$ 1531.96	\$6444.94	
2B. Contributions to Committees (Transfers-Out)	s -0	s -0	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1531.96	\$644494	
CASH SUMMARY			
Cash Balance Beginning of Report	\$ 38.31		
Total Receipts	\$ 2450,00		
Subtotal	\$2488.31		
Total Disbursements	\$1531.96		
CASH BALANCE END OF REPORT	\$ 956.35		
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$2700.00		
LOANS (Balance at the Close of This Period-3B)	\$6523.00		
I certify that I have examined this report and to the best o	f my knowledge and belief i	it is true, correct and com	olete.
Time on Deini Manner CO. Ullis m	ature of Candidate or Treasurer	Date: 8-1	
lizabith Coggs &	lisabeth Co		ne: 4148379765
V VI		Daytane Phot	10. 11-TOUT 1103

NOTE: The information on this form is required by ss.11.06, 11 ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government

penalties of

clerk.

RECEIPTS Contributions (Including Loans) From Individuals

Page 2 of 5

Clina hade		
Instructions for completing schedules are fan the back of each schedule.	2	
Instructions for completing schedules are on the back of each schedule. Date Full Name, Malling Address and Zip Code Occupation, Name and Address of Principal Place	Amount	1 01
Complete (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
225 & Pidsburgh, Gov. Affairs Asse	rc,	2500
milw WI 53204 Whencan tederati	01) 25000	300
1 (60)	7	
rull Name, Mailing Address and Zip Code Occupation, Name and Address of Principal Place		
1012 Noward Fuller of Employment (if year-to-date total exceeds \$100)		Călendar Year-to-Date Total
3290 N. 44m Director	500.00	500 00
Milw. W1 53216 Transformation		- CCC,
	· ·	
Date Check if: In-Kind Loan Sonduit Conduit Name; Mailing Address and Zip Code Occupation, Name and Address of Principal Place	_	
7/9/10 1m Shood 11 or Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
904 & Peakson #107 mmAC		2000
C Oo to be	10000	200
1907W N 50202 1901 1001 1000	200=	
Check if: I In-Kind Loan Conduit Conduit Name Date Full Name, Mailing Address and Zip Code Occupation, Name and Address of Principal Place	<u>, </u>	
1/19/10 AQUSTIN Ram iv 2: Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
5219 N Hwy 83 Husco International		5000
11-+1-1411	507 0	
	<i>SOU</i>	
Check if: In-Kind Loan Sonduit Conduit Name: M AC Date Full Name. Mailing Address and Zip Code Occupation, Name and Address of Principal Place	 	
7/9/12 Trana Daniels Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
10021N Range Line	7 2	2000
Megvon, Wil	2000	000
53092		
Date Full Name Mailing Address and 71- Code		
1/17/12 Hattie Daviels-Rush; Or Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
8960 N Santa Morica Hattre Daniels Rush		2000
Bayside, WI 3500 N Mother Inst.	1	300
Check if In-Kind Loan Conduit Conduit Name W1 53209		
Date Full Name, Mailing Address and Zip Code Conduit Name and Address of Principal Plans	A=====	
7/19/12 Stevra Bess Of Employment (Rygar-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
2920 San Gabriel Dr 75% Ni Milwarker		(200
	10000	
Check if: 11-Kind 12 Load Conduit Name: MU 1340)		
Date Full Name, Mailing Address and Tip Code Occupation, Name and Address of Principal Place	Amount	Colordo
(12012 Howard Fuller Of Employment (if year-to-date total exceeds \$100)	Anodin	Calendar Year-to-Date Total
3290 M. The		10000
Milw. W1 53216 Transformation	5000	1000
Check if: In-Kind In Loan Conduit Name: AS A SD 16		
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$	
TOTAL ITEMIZED CONTRIBUTIONS	\$	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUAL S	*	

DISBURSEMENTS Gross Expenditures

Page 3 of 5

Complete Com	1 10 // - 1)		
Instructions for	beth loggs for Stato		
Date	or completing schedules are on the back of each schedule.		
7700	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
(A50)	+ Piggly Wiggly Store		
,	400/10/2	Food	
	1 W W XT	1000	62,47
Date	Check It: 17 In-Kind Offset 53216		62,1/
17 (Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
17/16/1	4 redex office	1	
	1703 N #05110	PRINTING	
	MILM WI	FEINING	1141,99
Date	Check if: [] In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1/ 127 1	Citao Gos	**	, anount
1 12	2200 1 25	Gas	Do
	1000 W W W 100 = 20 W	_	27.50
	Check if: 1 In-Kind Offset 53216		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
17 24 12	So Arco		Aniount
(- 1 - 2		CAMPAIGNE	
	MILWAUREE, WI	O = TO I MORNIGHT	21300.00
	Check if: In-Kind Offset	PRINTING/CONSUL	
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 1	Or Person or Business to Whom Payment is Made		Amount
	Check if: In-Kind Offset		
Date	Full Name, Malling Address and Zip Code	Specific Purpose of Expenditure	Amount
1 1	Of Person or Business to Whom Payment is Made		Amount
	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /	or or out of business to wildin Payment is Made		Autount
ļ		*	
		ł	
	Check if:		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 1	and a passice to valorit Payment is Made	8	
i l			
ľ		1	
Date	Check if: In-Kind Offset		
Date	Full Name, Malling Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 1	The baddless to Wholif Cayment is Made		
	_		
	Check if: [In-Kind Offset		
	SURTOTAL IT	EMIZED EXPENDITURES THIS PAGE	152191
	OUD OF ME III	LAFENDITURES THIS PAGE	, 1531.96
			12510.
		TOTAL ITEMIZED EXPENDITURES	\$ 1551.46
	TOTAL UNITEM	NZED EXPENDITURES \$20 OR LESS	s l
			·
	•	TOTAL EVENINGE	14219/
		TOTAL EXPENDITURES	\$ 100111Q

SCHEDULE 3-A

ADDITIONAL DISCLOSURE Incurred Obligations Excluding Loans

Page $\frac{4}{5}$ of $\frac{5}{5}$

100	Committee Name	1 4			
	2aboth Cogs for 5 ins for completing schedules are on the back of each	ch schedule.			
Dete	Full Name, Mailing Address and Zip Code of Creditor	Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
6101	3040	500.00 Nature of Debt (Purpose)	700,00	1300,00	1200,0
Date	MILLU., WI Full Name, Mailing Address and Zip Code of Creditor				
51 1/	Weber Printing	Nature of Debt (Purpose)	Ø	Ø	1500,00
Date	Full Name, Mailing Address and Zip Code of Creditor		· · · · · · · · · · · · · · · · · · ·		
1 1		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
t L		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 /		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor		· · · · · · · · · · · · · · · · · · ·		
1 1		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
' '		Nature of Debt (Purpose)			
1					
		SUBTOTAL ITEMIZED O	BLIGATIONS THIS PA	GE \$ 2700.	07)
		TOTAL	ITEMIZED OBLIGATIO		00
		TOTAL UNITEMIZED OBI	IGATIONS \$20 OR LE	ss s	
		TOTAL IN	NS \$2700,0	277)	

SCHEDULE 3-B

ADDITIONAL DISCLOSURE Loans

Page <u>5</u> of <u>5</u>

Individual, Committee or Commercial

Camplete Committee Name			rcial			
Instructions for completing arts of Stat	Ø					
Instructions for completing schedules are on the back of each sci Full Name, Mailing Address and Zip Code of Loan Source	hedule.					
Date 2960 N A DOGS	ce	Outstanding Balance Beginnir of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Perk	
List All Endorsers or Guarantors (if any)		4,523	Ø		6.523	
Full Name, Mailing Address and Zip Code of Guarantor	Occupa				, J -	
SAME AS ABOVE	Occupa	uan				
- 13 May 9	Name a	nd Address of Employe	r		78884 <u></u>	
	Amount	Guaranteed Outstandir	19			
Full Name, Mailing Address and Zip Code of Guarantor	\$ Occupati	ion				
SAME AS ABOVE				7		
entite no mocre	Name an	d Address of Employer				
	Amount (Guaranteed Outstandin				
Considerate and I am a second		oodianteed Outstandin	9			
Full Name, Mailing Address and Zip Code of Loan Source		Outstanding Balance Beginning of This Period		Cumulative Payments	Outstanding Balance	
1 1		St This Fellod	Period	This Period	End of This Period	
List All Endorsers or Guarantors (if any)	_5					
			<u> </u>			
Full Name, Mailing Address and Zip Code of Guarantor	Occupation					
	Name and	Address of Employer				
	Amount Go	uaranteed Outstanding				
Full Name, Mailing Address and Zip Code	\$					
of Guarantor	Occupation					
	Name and	Address of Employer				
	Amount Guaranteed Cutstanding					
Full Name, Mailing Address and Zip Code of Loan Source	<u> </u>					
Date	ļ	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period	
		j				
ist All Endorsers or Guarantors (if any)						
ull Name, Mailing Address and Zip Code						
Guarantor	Occupation					
	Name and A	ddress of Employer				
	Amount Gua	ranteed Outstanding				
III Name, Mailing Address and Zip Code Guarantor	\$ Occupation					
	Name and Ad	idress of Employer			***************************************	
}	L 200 - 00	anteed Outstanding				
	\$	anteeu Outstanding	- mile			
						
		SUBTOTAL OUT	STANDING LOANS	THIS PAGE \$	652300	

TOTAL OUTSTANDING LOANS \$652300